| SEC Form 4 |  |
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Instruction 1(b)

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

| OMB Number:              | 3235-0287 |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|
| Estimated average burden |           |  |  |  |  |  |
| hours per response       | : 0.5     |  |  |  |  |  |

| STATEMENT C | <b>F CHANGES</b> | IN BENEFICIAL | OWNERSHIP |
|-------------|------------------|---------------|-----------|
|-------------|------------------|---------------|-----------|

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person <sup>*</sup><br>Reynolds James           |         |          |  |                                                                                                                                                                                                                                            | 2. Issuer Name <b>and</b> Ticker or Trading Symbol<br><u>XBP Europe Holdings, Inc.</u> [ XBP ] |  |           |  |  |                                                                                                                 | ationship of Reporting Person(s) to I<br>k all applicable)<br>Director 10% C |                                                                   |               |  |  |
|----------------------------------------------------------------------------------|---------|----------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--|-----------|--|--|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------|--|--|
| (Last)                                                                           | (First) | (Middle) |  | 3. Date of Earliest Transaction (Month/Day/Year)<br>06/14/2024                                                                                                                                                                             |                                                                                                |  |           |  |  |                                                                                                                 | Officer (give title below)                                                   | Other<br>below                                                    | (specify<br>) |  |  |
| C/O XBP EUROPE HOLDINGS, INC.<br>2701 EAST GRAUWYLER ROAD                        |         |          |  |                                                                                                                                                                                                                                            | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                       |  |           |  |  |                                                                                                                 | 6. Individual or Joint/Group Filing (Check Applicable<br>Line)               |                                                                   |               |  |  |
| (Street)<br>IRVING                                                               | TX      | 75061    |  |                                                                                                                                                                                                                                            |                                                                                                |  |           |  |  |                                                                                                                 | Form filed by Mo<br>Person                                                   | re than One Re                                                    | porting       |  |  |
| (City)                                                                           | (State) | (Zip)    |  | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |                                                                                                |  |           |  |  |                                                                                                                 |                                                                              | ten plan that is int                                              | ended to      |  |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |         |          |  |                                                                                                                                                                                                                                            |                                                                                                |  |           |  |  |                                                                                                                 |                                                                              |                                                                   |               |  |  |
| 1. Title of Security (Instr. 3)<br>2. Transact<br>Date<br>(Month/Day             |         |          |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)                                                                                                                                                                                | 3.<br>Transa<br>Code (<br>8)<br>Code                                                           |  | 5) (A) or |  |  | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)            | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |               |  |  |

 
 1. Title of Derivative
 2.
 3. Transaction Date
 3A. Deemed
 4.
 5. Number
 6. Date Exercisable and Of Expiration Date
 7. Title and Amount of Security

 0 r Exercise (Instr. 3)
 0 r Exercise Price of
 (Month/Day/Year)
 3A. Deemed
 4.
 5. Number
 6. Date Exercisable and Of Code (Instr.
 7. Title and Amount of Securities

06/14/2024

| Security<br>(Instr. 3) | or Exercise<br>Price of<br>Derivative<br>Security | (Month/Day/Year) | Code (<br>8) | Instr. | r. Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |     | (Month/Day/Year)    |                    | Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>3 and 4) |                                        | Security<br>(Instr. 5)<br>r. | Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |
|------------------------|---------------------------------------------------|------------------|--------------|--------|---------------------------------------------------------------------------------------------------|-----|---------------------|--------------------|------------------------------------------------------------------------|----------------------------------------|------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------|--|
|                        |                                                   |                  | Code         | v      | (A)                                                                                               | (D) | Date<br>Exercisable | Expiration<br>Date | Title                                                                  | Amount<br>or<br>Number<br>of<br>Shares |                              |                                                                                              |                                                      |                                       |  |

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

65,421(1)

## Explanation of Responses:

Common Stock, par value \$0.0001 per

share

1. Represents Restricted Stock Units ("RSUs") issued to the Reporting Person under the XBP Europe Holdings Inc. 2024 Stock Incentive Plan (the "Plan"). Although RSU's granted under the Plan generally require a minimum of one year to vest, the RSU's disclosed on this Form 4 will vest on January 1, 2025, as allowed for under the Plan's exception for allowing up to 5% of the aggregate number of common shares that may be delivered pursuant to awards granted under the Plan to have a vesting period of less than one year.

<u>/s/ Bernie Hau, Attorney-in-</u> Fact for James Reynolds

06/14/2024

\*\* Signature of Reporting Person Date

\$<mark>0</mark>

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65,421

8. Price of 9. Number of Derivative derivative D

10. Ownership

11. Nature of Indirect

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.